MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. 10/593473 applicantisj

FILING DATE

CLAIMS

. ,	AS FILED		AFTER CAMERDMENT		AFTER 1 MANIENDMOKE		CLAIMS	AS FILED		AFTER AFTER			
	IND,	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	Hoxient	1 AMI	HDWCHI TIPK
<u>`</u>							51		LY EST.	MAD.	DEP.	IND.	DEL
3	<u> </u>	<u>-</u>					52	****	*********				
4						-	53			14			
5							54		*****************				
6							55			*******		***************************************	
7	************		-				56						
8				******	,	-	57			,			
9	*******			~~~~	***************************************		58				***************************************	******	<u> </u>
10				· · · · · · · · · · · · · · · · · · ·	**********		59						
11		-				*****	60						
12				-			62						
13							63						
14 15							64	~·		, 	i		******
16							65						
17							66					<u> </u>	
18			***************************************				67						
19					-	-	68				10000		-
20							70						
21 22							7						
23							72						
24							73						
24 25							74					-	
26		·					75 76						
27 28							77						
38		,				·	78				<u>-</u>		
29 30		·					79						
31		·					80						
32							81 82						
33 34							83						
34							84						<u> </u>
35·							85	-			···		
37							. 86						
37 38					,		87					-	
39							88					-	•
40			:			-,	89 90						
41					-		91						
42							92			····			
43							93						***********
44 45	•				• • •		24		·	···			
46							9.5						
47							96						
	******		<u></u>				27						
49	************						98						
50	·						99						
TAL IND.		1	**********	4		1	100						
TALOET	7	4	·	411	لبب		TOTAL IND.	اجــــا	-		4		4
TOTAL	· 7.	STATE OF THE OWNER, AND ADDRESS OF THE OWNER		Market Street	·	AT INTO CHOLUDES	TOTALBER		7		44	-	4
SHIVE	8				· .		TOTAL CLAIMS.						
TO-1369 ((REY: 11/04)							. 0	aleki and Th	RIEHT of CO	MMERCE		